

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Knos

Township Center

City Edina

Registration District No. 441

Primary Registration District No. 4259

File No. 38013

Registered No. 28

St. _____ Ward _____

2. FULL NAME

Frank E. Robinson

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs.

mos. _____

ds. _____

How long in U. S., if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR WIFE OF)

Lillie Humalt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 6 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6

70

1

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

La Belle, Missouri

FATHER

13. NAME

E. W. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Katherine Bourn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lewis County Mo

17. INFORMANT (ADDRESS)

Mrs. Frank Robinson Edina Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Belle

DATE Oct 15

1937

19. UNDERTAKER (ADDRESS)

Keith Hudson Edina Missouri

20. FILED

Oct 15 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 13 1937

22. I HEREBY CERTIFY, That, I attended deceased from Sept 18 1937 to Oct 13 1937

I last saw him alive on Oct 13 1937. Death is said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lungs

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) M. E. Luman

M. D.

(Address) Edina Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 4 1963

DE OED. ... in plain testimony that it may be properly classified. Expt. ...
... -EASTMAN of information, should be suitably enabled. VCE should be ... EX ... BZICWVLS should be ...

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38013

Do not use this space.

1. PLACE OF DEATH

(a) County Knox Registration District No. 441
(b) Township Edina Primary Registration District No. 4259 Registered No. _____
(c) City Edina (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank E. Robinson

(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kellie Hunnelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1867

7. AGE YEARS 70 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) La Belle (STATE OR COUNTRY) Mo

13. NAME E. B. Robinson

14. BIRTHPLACE (CITY OR TOWN) Centerville (STATE OR COUNTRY) Ky

15. MAIDEN NAME Katherine Brown

16. BIRTHPLACE (CITY OR TOWN) Levin (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Frank Robinson
Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Belle DATE Oct 15, 1937

19. FUNERAL DIRECTOR (ADDRESS) Leith Hudson
Edina Mo

20. FILED Jan 16, 1938 Mrs. C. M. Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to Oct 13, 1937

I last saw him alive on Oct 13, 1937. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. E. Luman, M. D.

(Address) Edina Mo

S-38013